



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
INSURANCE DIVISION - ACTUARIAL SECTION

500 James Robertson Parkway, Fourth Floor
Nashville, TN 37243-1130
(615) 741-2825

UTILIZATION REVIEW AGENTS
ANNUAL CERTIFICATION FORM
(Valid from July 1 to June 30)

DATE ____/____/____

UTILIZATION REVIEW AGENT—Name _____

d/b/a name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ - _____ - email _____

Normal Business Hours (CST)/Days _____

CONTACT PERSON--

Name _____ Title _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ - _____ - email _____

I have attached a description of the appeal procedures for utilization review determinations (Section 56-6-704 (b) (3) T.C.A.). I have also enclosed a description of our review procedures.

Signature _____

I hereby certify to the Commissioner that I am in compliance with Section 56-6-705 T.C.A.

Signature _____

Submit this form along with a fee of \$1,000 (make check payable to the Tennessee Department of Commerce and Insurance.) Note: Utilization Review Agents who have received accreditation from the Utilization Review Accreditation Commission (URAC) are exempt from the \$1,000 annual fee upon filing of proof of accreditation. If your accreditation does not continue through June 30, 2007, your Tennessee certification ends on that date.

Any material change in this information on this form must be filed with the Commissioner within (30) thirty days of the change.